

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2000 8:00 am
Secretary of State

08-09-2000 90086 029 ****61.25

DOCUMENT # N97000002797

1. Entity Name

MAGNOLIA PARK HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

3847 INDIAN TRAIL
 DESTIN FL 32541

Mailing Address

P O BOX 5415
 DESTIN FL 32540
 US

2. Principal Place of Business

240 Bent Arrow Dr.

3. Mailing Address

PO Box 1811

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Destin, FL

City & State

Destin, FL

Zip

32541

Country

US

Zip

32541

Country

US

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

59.3666145

6. Name and Address of Current Registered Agent

HAUGHT, BRUCE A
501 HIGHWAY 98 E, STE. G
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name **NORMA HAMON**
 Street Address (P.O. Box Number is Not Acceptable)
240 Bent Arrow Dr.
 City **Destin FL** Zip Code **32540**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Bruce Haught

(NOTE: Registered Agent signature required when reinstating)

DATE

8-2-00

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CANNON, SHANE L	
STREET ADDRESS	3847 INDIAN TR.	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RORSI, DANIEL	
STREET ADDRESS	340-A BROOKS ST	
CITY-ST-ZIP	FT WALTON BCH FL 32548	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAMPBELL, DAVID	
STREET ADDRESS	P O BOX 5977	
CITY-ST-ZIP	DESTIN FL 32540	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORMA HAMON	
STREET ADDRESS	240 Bent Arrow Dr.	
CITY-ST-ZIP	Destin FL 32540	
TITLE	Secretary / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAMARA BARROW	
STREET ADDRESS	233 Bent Arrow Dr.	
CITY-ST-ZIP	Destin FL 32540	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUSTIN ROGERS	
STREET ADDRESS	225 Bent Arrow Dr.	
CITY-ST-ZIP	Destin FL 32540	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

7-13-00

Date

80674-8990

Daytime Phone #

CR2E037 (5/00)